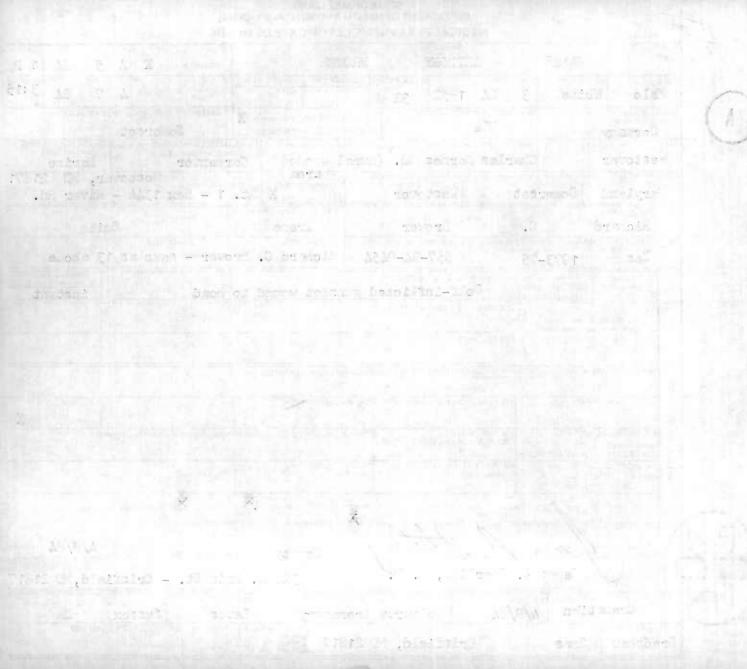
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO L DECEASED NAME 2a. DATE KNOWN 2h HOUR (TYPE OR PRINT) **JAMES** ANTHONY BROWER 1084 DEATH MATED 1 SEX 4 RACE DATE OF BIRTH 6. AGE (IN YEARS | IF UNDER 1 YR. 3:15 IF UNDER 24 HRS. 2c. DATE LAST BIRTHDAY) MONTHS 1952 PRONOUNCED Male White 32 YRS DEAD 7b. CITIZEN OF WHAT COUNTRY? TO BIRTHPLACE (STATEOR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) TISA Germany WIDOWED DIVORCED Somerset IB. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 126, USUAL OCCUPATION (TYPE OF WORK 12b, KIND OF BUSINESS. FOR MOST OF WORKING LIFE)
Carpenter Charles Barnes Rd. OR INDUSTRY Westover (Rural wooded Marine USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 211 (B)211 Westover, MD 130 STATE Maryland 13d. INSUE (ITY LIMITS) 13e. STREET ADDRESS WESTEVER, PER PROPERTY NO & Rt. 1 - Box 134A - River Rd. Somerset Westover 21201 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE Richard FIRST Brower Irene Smith 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS PAGES 1 (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 557-94-9454 Richard C. Brower - same as 13 abcde 1973-75 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Self-inflicted gunshot wound to head instant IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate couse (a) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying cause lost. CREMATION, PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 19a DATE OF OPERATION 19h. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? YES NO K 218 EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR MEDICAL CONTRIBUTING CAUSE OF DEATH P.M. 21e PLACE OF INJURY (AT HOME. 21f. LOCATION 21d. INJURY OCCURRED STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE WHILE AT WORK PAGE 4 SHOULD BE FORV TO FUNERAL DIRECTOR: P AFTER DEATH, WITH THE ST BALTIMORE, MARYLAND, 21 22a. I certify that I took arrage of the remains described above, held an Autopsy Inspection and in my opinion death resulted from: Natural couses Hamicide Undetermined manner TITLE (SPECIFY) DATE 4/8/84 Denuty MEDICAL EXAMINER EXAMINET NAME James A. Sterling, M. 320 W. Main St. - Crisfield.MD 21817 (TYPE OR I'M ADDRESS 23d. LOCATION 236. BURIAL, CREMATION, REMOVAL 236. DATE 23c. NAME OF CEMETERY OR CREMATORY (SPECIFY) Cremation 4/8/84 Delmarva Crematory Lewes Sussex DE BP 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE **DHMH - 17** Bradshaw & Sons ADDRESCrisfield, MD 21817 (VR A15 ME (5)) 15M 7/77



21817

- STATE

REGISTRAR

24 FUNERAL DIRECTOR

Bradshaw & Sons, Crisfield, Md.

DHMH - 16 50M 1/BI (VRA 15, 4) STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYDRENE

CERTIFICATE OF DEATH

REG. NO.

	Lucille M. Butler				
2	1891 SS 4				
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Tan Janes	TO SEE	erest .0 rang	edal più		
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BP.

## STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYBIENE CERTIFICATE OF DEATH REG. NO LAST 7a. DATE OF DEATH 26. HOUR M Dize 4-15-84 9:30a. M 5. DATE OF BIRTH & AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR MONTH YEAR White 80 10 1903 9. BALTIMORE CITY OR COUNTY OF DEATH

Somerset

Secretarial

TYPE OF WORK FOR MOST OF WORKING LIFE

MIDDLE

Mae

Female 7b. CITIZEN OF WHAT COUNTRY? LE BIRTHPLACE (STATE OR FOREIGN MARRIED NEVER MARRIED WIDOWED

DIVORCED 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION LE NOT IN SUCH FACILITY. GIVE STREET ADDRESS)
Edw. W. McCready Mem. Hospital

12ª USUAL OCCUPATION Crisfield SUAL RESIDENCE (IF NURSING HOME OF OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION Somerset Crisfield 13d. INSIDE CITY LIMITS? Maryland NO PA

Rt. 2 - Box 28 4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE Iillie Noah B. Dize 60 WAS DECEASED EVER IN U.S. ARMED FORCES?

17. INFORMANT 16b. SOCIAL SECURITY NO. Sara D. Feaster - same as 13 abcde 217-03-3953 APPROXIMATE INTE VAL

PART I. DEATH WAS CAUSED BY JMMEDIATE CAUSE 10 DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last.

18 CAUSE OF DEATH (Enter only one cause per line for (g), (b), and i

Vera

4. RACE

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

196 CONDITION FOR WHICH OPERATION WAS PERFORMED

19a. DATE OF OPERATION

218. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 214 INJURY OCCURRED 21e. PLACE OF INJURY NOT WHILE

19 (AT HOME, STREET, FACTORY, OFFICE FARM, ETC.)

211 LOCATION

ATTENDING

MEDICAL

DIRECTOR PHYSICIAN

Crisfield

200 AUTOPSY?

21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

NO

YES T

COUNTY and that in (my) (aur) apinian death accurred an the date and how and from the causes stated

22c. DATE SIGNED

NO [

STATE

20b. IF YES, WERE FINDINGS USED

- Somerset -

YES [

IN CERTIFYING CAUSES OF DEATH?

17b. KIND OF BUSINESS OR

Seafood Mfg.

Jacksonville Rd.

21817

Daugherty

INDUSTRY

224. PHYSICIAN'S NAME ITYPE OF PRINT Dr. Madhay Barhan

saw the deceased alive or

22a.1 certify that (1) (this hospital) ottended the (de

abave, (I) (we) (did)(did not) view the bady after death

22e ADDRESS

DEGREE

23c. NAME OF CEMETERY OR CREMATORY

Sunnyridge Cemetery

Rt.#413, Crisfield, Md. 21817 234 LOCATION

(SPECIFY) Burial 24 FUNERAL DIRECTOR

FOR - STATE

REGISTRAR

. DECEASED NAME

TYPE OR PRINTS

No

3. SEX

DHMH - 16 50M 4/82 (VRA 15, 4)

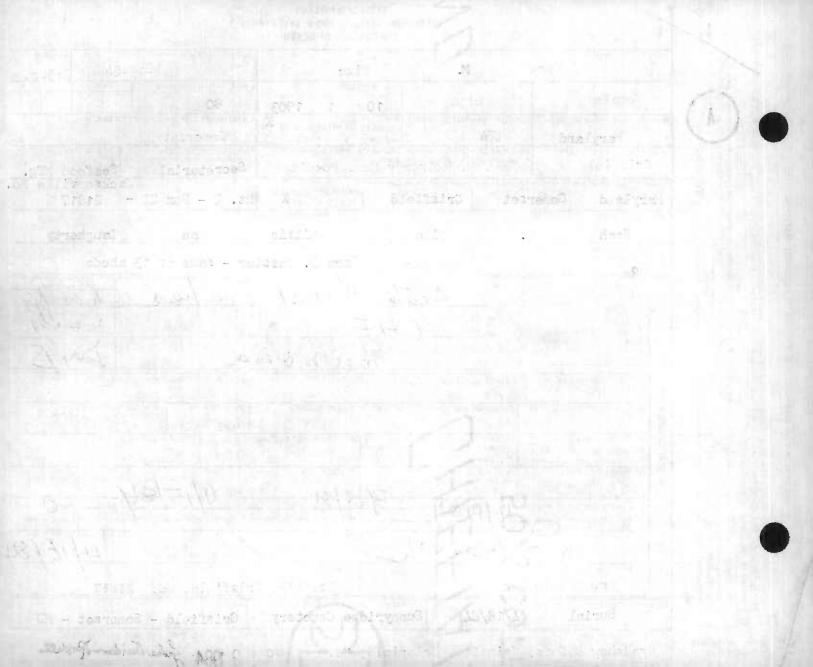
230. BURIAL, CREMATION, REMOVAL

22b. SIGNATURE

Bradshaw & Sons, Main St., Crisfield, Md.

23b. DATE 4/18/84

25e. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE Julia Davidson Pandalle



DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20. DATE KNOWN DO 2b. HOUR (TYPE OR PRINT) 0:45 DORSEY GRACE L. DEATH MATED ADT. POM DATE OF BIRTH 3. SEX 4 RACE 6 AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS. 2d. HOUR DATE PRONOUNCED July 11, 1895 Eemale White O DYRS DEAD TO BIRTHPLACE (STATE OR b. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED IN NEVER MARRIED FOREIGN COUNTRY) Somerset County U.S.A. Maryland WIDOWED [ DIVORCED 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 12a. USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS Home - Rt. 1 Box 449- Lawsonia Crisfield Housewife SUAL RESIDENCE (IF IN NURSING HOME OF OTHER INSTITUTION GIVE RESIDENCE REFORE ADMISSIONI 130 STATE 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS 13b. COUNTY 13c. CITY OR TOWN Somerset Crisfield NO IN Rt. 1 Box 449-Lawsonia Maryland 4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE Elijah Sterling Alberta Lawson 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT **ADDRESS** DIVISION (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 218-16-5497 Isaac H. Dorsey Same as 13 a,b,c,d,e none 18 CAUSE OF DEATH (Enter anly one cause per line far (a), (b), and (c) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH OUT NOT RELATED TO THE TERMINAL DISERSE OF CONDITION GIVEN IN PART 1 (c) CERTIFICATION 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATI 20 AUTOPSY? DEPARTMENT OF PRIOR TO BURNAL, O YES NO 210 EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR MEDICAL CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME, 21d. INJURY OCCURRED 21f. LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN STATE COUNTY WHILE AT WORK PAGE 4 SHOULD BE FOR TO FUNERAL DIRECTOR: AFTER DEATH, WITH THE SALTIMORE, MARYLAND, 2" Inspection X Inquiry X 22a. I certify that I tagk charge of the remains described above, held an Autopsy and in my apinian Natural causes death resulted fram Suicide Hamicide \_\_\_ Undetermined manner TITLE (SPECIFY) ACTUAL DATE Deputy SIGNATURE MEDICAL EXAMINER EXAMINER'S NAME A. Sterlin ADDRESS 320 W. Main St. - Crisfield, Md. 21817 James CTYPE OR PRINT 236.BURIAL, CREMATION, REMOVAL 236. DATE 23c. NAME OF CEMETERY OR CREMATORY Somerset Crisfield Burial Asbury Methodist Cemetery 24. FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 254, REGISTRAR'S SIGNATURE **DHMH - 17** (VR A15 ME (5)) Bradshaw & Sons Crisfield, Md. 15M 7/77

STATE OF MARYLAND

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Type or Print    MYCHIALO   S. RECONSCUENCE OF BATH   DEATH MARTED   Apr. 27, 184	1 DECEASED	1444F				
SEX   4. RACE   S. DATE OF BRITH   6. AGE (in year)   10 UNCR 21 MS   2. CALE PROCUNCED DEAD		rint)			OF ESTI-	
Mario   Note   Oct. 26, 1916   Set by the probability   South of foreign   To GITTER NOTE   Set of the probability   To GITTER NOTE					DEATH MATED A70:	
The left with the Cott 20,1910   Or Was per port of foreign   75 CITIZEN DE WHAT COUNTRY   S. MARRED NEVER MARRIED   OF COUNTY OF DATH   SOME   OF COUNTY OF DATH   OF POSTIAL OR INSTITUTION (If not in baspel)   OF VOR TOWN OF DEATH   OF POSTIAL OR INSTITUTION (If not in baspel)   OF VOR TOWN OF DEATH   OF POSTIAL OR INSTITUTION (If not in baspel)   OF VOR TOWN OF DEATH   OF POSTIAL OR INSTITUTION (If not in baspel)   OF VOR TOWN OF DEATH   OF POSTIAL OR INSTITUTION (If not in baspel)   OF VOR TOWN OF DEATH   OF POSTIAL OR INSTITUTION (If not in baspel)   OF VOR TOWN   OF POSTIAL OR INSTITUTION (If not in baspel)   OF VOR TOWN   OF POSTIAL OR INSTITUTION (If not in baspel)   OF VOR TOWN   OF POSTIAL OR INSTITUTION (If not in baspel)   OF VOR TOWN   OF POSTIAL OR INSTITUTION (If not in baspel)   OF VOR TOWN   OF POSTIAL OR INSTITUTION (INDICATION OF DATE   OF POSTIAL OR INSTITUTION (INDICATION OF DATE   OF POSTIAL OR INSTITUTION OF POSTIAL OR INDICATION OF PO				last birthday) MONTHS DAYS HOURS	ZC. DATE TROHOUNCED DEAD	Year 2d. HOUR
COUNTY   CALIFOR TOWN OF DEATH   II. NAME OF HOSPITAL OR INSTITUTION (if not in hospital and order work done in the property of the control					4 27	1924 8# M
The Name of Detail   The Name of Published on the Institution   The Name of Published of Name   The Name of Name of Name   The Name of Name   Th	country)	E (State or toreign		-		/
Marion   10. Name of the control o	Ukr	aine			J DOMET BC 0	· Mo
130. USIAL RESIDENCE (Where decoded lived, if institution: Residence before   12. CITY OR TOWN   134. MOBILE CONTINUES   138. STREET AND NUMBER   138. CONSTOURNED   136. CONSTOURNED   136. CONSTOURNED   15. MOTHER'S MANDEN NAME   15. M	ID. CITY OK	OWN OF DEATH	11. NAME OF HOSPITA	OR INSTITUTION (If not in hospital   12a		
A. FATHER'S NAME   First   Middle   Lost   IS. MOTHER'S MAIDEN NAME   First   MIDDLE NAME   IS. MOTHER'S MAIDEN NAME   NAME   IS			(rural)r	te.1, Box 33 re		r Mining
14. FATHER'S NAME   First   Middle   Lost   IS. MOTHER'S MAIDEN NAME   First   Middle   Lost   (unknown)     160. WAS DECEASED EVER IN U.S. ARMED FORCES?   16b. SOCIAL SECURITY NO.   17. INFORMANT   ROUNDRESS.   17.   Box 33     18. CAUSE OF DEATH (Enter only one couse per line   mo   (o) / (b).   ond (c).     19. CAUSE OF DEATH (Enter only one couse per line   mo   (o) / (b).   ond (c).     18. CAUSE OF DEATH (Enter only one couse per line   mo   (o) / (b).     19. CAUSE OF DEATH (Enter only one couse per line   mo   (o) / (b).     19. CAUSE OF DEATH (Enter only one couse per line   mo   (o) / (b).     19. CAUSE OF DEATH (Enter only one couse per line   mo   (o) / (b).     19. CAUSE OF DEATH (Enter only one couse per line   mo   (o) / (b).     19. CAUSE OF DEATH (Enter only one couse per line   mo   (o) / (b).     19. CAUSE OF DEATH (Enter only one couse per line   mo   (o) / (b).     19. CAUSE OF DEATH (Enter only one couse per line   mo   (o) / (b).     19. CAUSE OF DEATH (Enter only one couse per line   mo   (o) / (b).     19. CAUSE OF DEATH (Enter only one couse per line   mo   (o) / (b).     19. CAUSE OF DEATH (Enter only one couse per line   mo   (o) / (b).     19. CAUSE OF DEATH (Enter only one couse per line   mo   (o) / (b).     19. CAUSE OF DEATH (Enter only one couse per line   mo   (o) / (b).     19. CAUSE OF DEATH (Enter only one couse per line   mo   (o) / (b).     19. CAUSE OF DEATH (Enter only one couse per line   mo   (o) / (b).     19. CAUSE OF DEATH (Enter only one couse per line   mo   (o) / (b).     19. CAUSE OF DEATH (Enter only one couse per line   mo   (o) / (b).     19. CAUSE OF DEATH (Enter only one couse per line   mo   (o) / (b).     19. CAUSE OF DEATH (Enter only one couse per line   mo   (o) / (b).     19. CAUSE OF DEATH (Enter only one couse per line   mo   (o) / (b).     19. CAUSE OF DEATH (Enter only one couse per line   mo   (o) / (b).     19. CAUSE OF DEATH (Enter only one couse per line   (o) / (b).     19. CAUSE OF DEATH (Enter only one couse per line   (o) / (b).     19.		PTATE	13b. COUNTY merset		- INC. SINCE I AND HOMBER	Box 33 38
Conditions, if ony, which gove is to immediate couse [a].   Due to, or as a consequence of the underlying couse   Due to, or as a consequence of the underlying couse   Due to, or as a consequence of the underlying couse   Due to, or as a consequence of the underlying couse   Due to, or as a consequence of	4. FATHER'S					
16a WAS DECEASE EVER IN U.S. ARMED FORCES?   (Yes, no, or unknown)   (If yes give and addres of service)   16b. SOCIAL SECURITY NO.   17. INFORMANT   ROU MODESS.#1   Box 33   Anna Helen II in Marion   Nd 21838			(unknown)			1031
18. CAUSE OF DEATH (Enter only one couse per line for (o) (o), and (d).				JRITY NO. 17, INFORMANT		Boy 33
18. CAUSE OF DEATH (Enter only one couse per line ton (a) to). and (c).   APPROXIMENTE INTERVAL PART I. DEATH WAS CAUSED BY:   APPROXIMENT ENTERVAL PART I. DEATH WAS CA		unknown) (If yes give	war or dates of service) 02.5-30	-9306 Anna Helen	Ilin Marion. M	d. 21838
PART 1. DEATH WAS CAUSE OB 91:    MMEDIATE CAUSE (0)		JSE OF DEATH (Enter or				APPROXIMATE INTERVAL
DUE TO, OR AS A CONSEQUENCE OF  (c)  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT MOT RELATED TO THE TERMINAL OTHERS OR CONDITION GIVEN IN PART 1(a)  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT MOT RELATED TO THE TERMINAL OTHERS OR CONDITION GIVEN IN PART 1(a)  210. EXTERNAL CAUSE WAS PREFORMED?  PRIMARY OR CONTRIBUTING HOUR AM. 19  211. TIME OF INJURY Month, Day, Year HOUR AM. 19  212. LAUSE OF DEATH HOUR AM. 19  213. INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, AT WORK AT WORK AT WORK AT WORK AT A WORK AT A WORK AT WORK AT A WORK A WORN		RT I. DEATH WAS CAUSE	D BY:	en coal Obetruste	~ Leave Pescar	
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Stating the underlying couse   C()   PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT MOT RELATED TO THE TERMINAPOTEASE OR CONDITION GIVEN IN PART I(o)			(b)		•	
PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATION TO THE TERMINAL OTHERS OR CONDITION GIVEN IN PART 1(o)  19a. Date of Operation  20. Autopsy? YES NO  21b. Time of Injury Month, Doy, Yeor HOUR A.M. P.M. 19  21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) PM. 19  21d. INJURY OCCURRED While Not while of Injury (At hame, form, street, at work of the remains described above, held an Autopsy Inspection Inquiry and in my opinion death resulted from.  22a. I certify that I tack charge of the remains described above, held an Autopsy Inspection Inquiry and in my opinion death resulted from.  22b. Date Signed  32c. Name of cemetery or crematory REMAND (County)  22b. Date Signed  22c. Date Signed  22c. Date Signed  22c. Date Signed  32c. Name of cemetery or crematory REMOVAL (Specify) RULL 23c. Name of cemetery or crematory REMOVAL (Specify) RULL 23c. Name of cemetery or crematory REMAND (County) REMOVAL (Specify) RULL 23c. Name of cemetery or crematory REMAND (County) REMOVAL (Specify) RULL 23c. Name of cemetery or crematory REMAND (County) REMOVAL (Specify) RULL 23c. Name of cemetery or crematory REMAND (County) REM			DUE TO, OR AS A CONSEQUE	NCE OF		
19a. DATE OF OPERATION   19b. CONDITION FOR WHICH OPERATION   20. AUTOPSY?   YES   NO   NO   21c. EXTERNAL CAUSE WAS   21b. TIME OF INJURY Month, Doy, Year   HOUR A.M.   19   19   21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 ar Part 2, Item 18.)   P.M.   19   21d. INJURY OCCURRED   21e. PLACE OF INJURY (At home, form, street, foctory, affice building, etc.)   21f. LOCATION Street or R.F.D. No.   City or Town   County   State   22a.   Certify that I taak charge of the remains described above, held an   Autopsy   Inspection   Inquiry   and in my opinion   Actual   State   Accident   A	lost.		(c)			
19a. Date of Operation  19b. CONDITION for which operation  20. AUTOPSY? YES NO  21c. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING HOUR A M. P. M. 19  21d. INJURY OCCURRED CAUSE OF DEATH  21d. INJURY OCCURRED WHILE WORK AT WORK OF CONTRIBUTING OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)  22e. I certify that I taak charge of the remains described above, held an Autopsy I inspection I inquiry and in my opinion death resulted from Natural causes Accident Natural Causes Accident American Assistant Medical Examiner DEPUTY Medical Examiner DEPUTY Medical Examiner DEPUTY Medical Examiner ADDRESS(Street, city, town, or county)  23a. Burlia, (REMATION, REMOVAL (Specify) H/30/84 First Baptist Cem. Pocomoke Worcester Model Pocomoke Worcester Model Pocomoke Worcester Model  21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)  21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)  21d. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)  21d. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)  21d. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)  21d. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)  22d. How Injury in Part 1 or Part 2, Item 18.)  22d. How Injury in Part 1 or Part 2, Item 18.)  22d. How Injury in Part 1 or Part 2, Item 18.)  22d. How Injury in Part 1 or Part 2, Item 18.)  22d. How Injury in Part 1 or Part 2, Item 18.)  22d. How Injury in Part 1 or Part 2, Item 18.)  22d. How Injury in Part 1 or Part 2, Item 18.)  22d. How Injury in Part 1 or Part 2, Item 18.)  22d. How Injury in Part 1 or Part 2, Item 18.)  22d. How Injury in Part 1 or Part 2, Item 18.)  22d. How Injury in Part 1 or Part 2, Item 18.)  22d. How Injury in Part 1 or Part 2, Item 18.)  22d. How Injury in Part 1 or Part 2, Item 18.)  22d. How Injury in Part 1 or Part 2, Item 18.)	PART 2.	OTHER SIGNIFICANT COND		T NOT RELATED TO THE TERMINAL DISEASE C	R CONDITION GIVEN IN PART 1(a)	
PRIMARY OR CONTRIBUTING HOUR A.M.  AUSE OF DEATH  21d. INJURY OCCURRED WHILE AT WORK AT WORK  AT WORK  AT WORK  AT WORK  AND  Natural causes Accident ACTUAL  SIGNAPURE  ACCIDENT  ACCIDENT  ACCIDENT  ACCIDENT  ACCIDENT  ACCIDENT  ACCIDENT  ACCIDENT  ADDRESS(Street, city, town, or county)  BURIAL (REMATION, REMOVAL (Specify) BURIAL  REMOVAL (Specify) BURIAL  REMOVAL (Specify) BURIAL  AUSTRAL  BURIAL  AUSTRAL  ADDRESS(Street, city, town, or county)  ACCIDENT  ADDRESS(Street, city, town, or county)  County  Store  County  Store  Store  Accident Autopsy Addressing  And in my opinion  County  Accident Autopsy Addressing  CHIEF MEDICAL EXAMINER  DEPUTY MEDICAL EXAMINER  DEPUTY MEDICAL EXAMINER  ADDRESS(Street, city, town, or county)  ADDRESS(Street, city, town, or county)  County  Count	ž			yellen cless	ase	
PRIMARY OR CONTRIBUTING HOUR A.M.  CAUSE OF DEATH  21d. INJURY OCCURRED  WHILE  AT WORK NOT WHILE  AT WORK NOT WHILE  AT WORK  Not write  22a. I certify that I taak charge of the remains described above, held an Autopsy   Inspection   Inquiry   and in my opinion death resulted from:  Natural causes   Accident   Suicide   Hamicide   Undetermined manner    CHIEF MEDICAL EXAMINER    ACTUAL  SIGNATURE  M.D. ASSISTANT MEDICAL EXAMINER    DEPUTY MEDICAL E	19a. DA	E OF OPERATION				20. AUTOPSY?
PRIMARY OR CONTRIBUTING HOUR A.M.  CAUSE OF DEATH  21d. INJURY OCCURRED WHILE AT WORK AT WORK  AT WORK  Natural causes Accident SIGNAURE  ACCIDENT  ACCIDENT						
CAUSE OF DEATH  21d. INJURY OCCURRED WHILE AT WORK  22a. I certify that I taak charge of the remains described above, held an Autopsy death resulted from.  Natural causes  Accident  ACTUAL SIGNATURE  ACTUAL SIGNATURE  NAME (Typo)  Sterlin  Sterlin  ADDRESS(Street, city, town, or county)  ADDRESS(Street, city, town, or county)  State  19  21f. LOCATION Street or R.F.D. No.  City or Town  County  State  Inquiry  and in my opinion  County  State  Autopsy  Accident  ACTUAL  M.D. ASSISTANT MEDICAL EXAMINER  DEPUTY MEDICA				oy, Year 21c. HOW INJURY OCCURRED	(Enter nature of injury in Part 1 or Part 2,	Item 18.)
WHILE AT WORK NOT WHILE AT WORK AT WOR	CAUSE	F DEATH	P.M.			
22a. I certify that I taak charge of the remains described above, held an Autopsy, Inspection Inquiry, and in my opinion death resulted from: Natural causes, Accident, Suicide, Hamicide, Undetermined manner CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER 22b. DATE SIGNED			PLACE OF INJURY (At home, form, s ctory, affice building, etc.)	treet, 21f. LOCATION Street or R.F.D.	No. City or Town	County State
death resulted from: Natural causes, Accident, Suicide, Hamicide, Undetermined manner						
ACTUAL SIGNATURE  EXAMINER:  MAME (Type)  230. BURIAL (REMATION, REMOVAL (Specify) Burial  4/30/84  CHIEF MEDICAL EXAMINER  DEPUTY MEDICAL EXAMINER  ADDRESS(Street, city, town, or county)  231. NAME OF CEMETERY OR CREMATORY  Burial  CHIEF MEDICAL EXAMINER  22b. DATE SIGNED  37-3-84  4000 ACTUAL (EXAMINER DEPUTY MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER  37-3-84  4000 ACTUAL EXAMINER DEPUTY MEDICAL EXAMINER DEPUTY DEPUTY MEDICAL EXAMINER DEPUTY DEPUTY MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER DEPUTY DE					, Inspection Inquiry	and in my opinian
ACTUAL SIGNATURE  SIGNATION  ADDRESS(Street, city, town, or county)  SIGNATURE  SIGNATE SIGNATURE	de	oth resulted from:	Natural causes . Ac	cident 🔲, Suicide 🔲, Hami	cide 🔲, Undetermined manner	r 🗌
SIGNATURE  EXAMINER S  M.D. ASSISTANT MEDICAL EXAMINER  DEPUTY MEDICAL EXAMINER  DEPUTY MEDICAL EXAMINER  3-3-84  ADDRESS (Street, city, town, or county)  GONERSET  230. BURIAL (REMATION, REMOVAL (Specify) Burial  231. NAME OF CEMETERY OR CREMATORY  First Baptist Cem.  Pocomoke Worcester Md	ACTIV	//-	11 14	CHIEF MEDIC	AL EXAMINER	
ADDRESS(Street, city, town, or county)  230. BURIAL (REMATION, REMOVAL (Specify) Burial  230. NAME OF CEMETERY OR CREMATORY  4/30/84  First Baptist Cem.  ADDRESS(Street, city, town, or county)  90.0000000000000000000000000000000000			17-216	m.v.	EDICAL EMAINING	TE SIGNED 2 - 84/
230. BURIAL (REMATION, REMOVAL (Specify) Burial 4/30/84 First Baptist Cem. 23d. LOCATION (City or Town) (County) (Stote)						0-3 6 J
Burial 4/30/84 First Baptist Cem. Pocomoke Worcester Md		/ OBUILER		17 + 37 +	/ / /	MEKSEI
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that I see you have in the